

This Notice Applies to the:

- AlaskaCare Employee Health Plan
- AlaskaCare Retiree Health Plan

Notice date is January 1, 2022.



## Notice of HIPAA Privacy Practices

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

This Notice is required by law.

The AlaskaCare self-funded group health plan, including the State of Alaska Active Employee Plan, the Defined Benefit (DB) Retiree Plan, and the Defined Contribution (DCR) Retiree Plan (which may include health, dental, vision, employee assistance, wellness, medical flexible spending accounts, COBRA administration, or other coverage affecting any structure of the body as those benefits may be offered from time to time) (hereafter referred to as the "Plan"), is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information (called Protected Health Information or PHI) and to inform you about the Plan's legal duties and privacy practices with respect to Protected Health Information including:

- Your rights to privacy with respect to your PHI,
- The Plan's uses and disclosures of PHI,
- The Plan's duties with respect to your PHI,
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services (HHS),
- The person or office you should contact for further information about the Plan's privacy practices, and
- The Plan's duty to notify affected individuals following a breach of unsecured Protected Health Information.

PHI use and disclosure by the Plan is regulated by the Health Insurance Portability and Accountability Act (HIPAA). You may find these rules in Section 45 of the Code of Federal Regulations, Parts 160 and 164. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. The Plan will abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may receive a Privacy Notice from a variety of the insured group health benefit plans offered by the State of Alaska. Each of these notices will describe your rights as it pertains to that plan and in compliance with the Federal regulation, HIPAA. This Privacy Notice, however, pertains to

your Protected Health Information related to the AlaskaCare self-funded benefit plan (the “Plan”) and outside companies contracted to help administer Plan benefits, called “Business Associates.”

### 1.1. Effective Date

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The effective date of this Notice is October 1, 2021, and this notice replaces notices previously distributed to you.

### 1.2. Privacy Officer

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The Plan has designated a Privacy Officer to oversee the administration of privacy by the Plan and to receive complaints. The Privacy Officer may be contacted at:

State of Alaska  
Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203  
Phone: (907) 465-4460  
Email: [doa.drb.benefits@alaska.gov](mailto:doa.drb.benefits@alaska.gov)

### 1.3. Your Protected Health Information

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The term Protected Health Information (PHI) includes all information related to your past, present or future health condition(s) (or that relates to the payment for those conditions(s)) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic, or any other form.

PHI does not include health information contained in employment records held by the State of Alaska in its role as an employer, including but not limited to health information on disability benefits, life insurance, accidental death and dismemberment insurance, sick leave, Family or Medical Leave (FMLA), drug testing, etc.

### 1.4. Your Rights to privacy with respect to your PHI

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When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### 1.4.1. Get a copy of health and claims records

You have the right to inspect and obtain a copy (in hard copy or electronic form) of your PHI (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) contained in a “**Designated Record Set**,” for as long as the Plan maintains the PHI.

A Designated Record Set includes your medical records and billing records that are maintained by or for the Plan. Records include enrollment, payment, billing, claims adjudication and case or

medical management record systems maintained, or other information used by or for the Plan to make decisions about you.

You or your personal representative will be required to complete a form to request access to the PHI in your Designated Record Set. Requests for access to your PHI should be made to the Plan's Privacy Officer at their address listed on the first page of this Notice. The Plan reserves the right to charge a reasonable cost-based fee for creating or copying the PHI or preparing a summary of your PHI.

#### **1.4.2. You Have the Right to Amend Your PHI**

If you think your health or claims records are incorrect or incomplete, you or your Personal Representative have the right to request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. You should make your request to amend PHI to the Privacy Officer at their address listed on the first page of this Notice. We have the right to deny your request, but we will tell you why in writing within 60 days.

#### **1.4.3. You Have the Right to Request that PHI be Transmitted to You Confidentially**

The Plan will permit and accommodate your reasonable request to have PHI sent to you by alternative means or to an alternative location (such as mailing PHI to a different address or allowing you to personally pick up the PHI that would otherwise be mailed), if you provide a written request to the Plan that the disclosure of PHI to your usual location could endanger you. If you believe you have this situation, you should contact the Plan's Privacy Officer to discuss your request for confidential PHI transmission.

#### **1.4.4. Ask us to limit what we use or share**

- You May Request Restrictions on PHI Uses and Disclosures
- You may request the Plan to restrict the uses and disclosures of your PHI:
  - To carry out treatment, payment, or health care operations; or
  - To family members, relatives, friends, or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable--for example, if it would interfere with the Plan's ability to pay a claim.

#### **1.4.5. You Have the Right to Receive an Accounting of the Plan's PHI Disclosures**

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years (or shorter period if requested) before the date of your request. The Plan will not provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. If you request

more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

#### **1.4.6. You Have the Right to Receive a Paper or Electronic Copy of This Notice Upon Request**

To obtain a paper or electronic copy of this Notice, contact the Plan's Privacy Officer at their address listed on the first page of this Notice.

#### **1.4.7. Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Your Personal Representative will generally be required to produce evidence (proof) of the authority to act on your behalf **before** the Personal Representative will be given access to your PHI or be allowed to take any action for you.

Under this Plan, proof of such authority will include a completed and signed Authorization for the Use and/or Disclosure of Protected Health Information ([drb.alaska.gov/docs/forms/ben043.pdf](http://drb.alaska.gov/docs/forms/ben043.pdf).)

**This Plan will NOT automatically recognize your Spouse as your Personal Representative and vice versa.**

In order for your legal Spouse to be your Personal Representative, you must complete a form, "Authorization for the Use and/or Disclosure of Protected Health Information " and submit that form to the division. The form is available on the DRB Webpage [ADD LINK TO BEN043].

You may also present the division with a copy of a notarized Health Care Power of Attorney allowing one spouse to make decisions about the other spouse's health care if they are unable to do so, or a document demonstrating you are the court-appointed conservator or guardian for your spouse.

If you have appointed your Spouse as your Personal Representative, you can indicate the date the authorization expires. If no expiration date is listed, this authorization will expire two (2) years from the date of signature

### **1.5. Your Right to File a Complaint**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan's Privacy Officer, at the address listed at the beginning of this Notice. Neither your employer nor the Plan will retaliate against you for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [hhs.gov/ocr/privacy/hipaa/complaints/](http://hhs.gov/ocr/privacy/hipaa/complaints/).

## 1.6. Your Choices

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**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## 1.7. The Plan's Uses and Disclosures

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**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

### 1.7.1. Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.  
*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### 1.7.2. Pay for your health services

We can use and disclose your health information as we pay for your health services.

### 1.7.3. Administer your plan

We can use and disclose your information to run our organization and contact you when necessary. We may disclose your health information to your health plan sponsor for plan administration.

Definitions and Examples of Treatment, Payment, and Health Care Operations	
<b>Help manage the health care treatment you receive</b>	<p>Treatment is the provision, coordination, or management of health care and related services. It also includes but is not limited to coordination of benefits with a third party and consultations and referrals between one or more of your health care providers.</p> <p>For example: The Plan discloses to a treating specialist the name of your treating primary care physician so the two can confer regarding your treatment plan.</p>
<b>Pay for your health services</b>	<p>Payment includes but is not limited to making payment for the provision of health care, determination of eligibility, claims management, and utilization review activities such as the assessment of medical necessity and appropriateness of care.</p> <p>For example: The Plan tells your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.</p>
<b>Administer your plan</b>	<p>Administering your plan includes but is not limited to quality assessment and improvement, patient safety activities, business planning and development, reviewing competence or qualifications of health care professionals, underwriting, enrollment, premium rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs and general administrative activities.</p> <p>For example: The Plan uses information about your medical claims to refer you to a health care management program, to project future benefit costs, or to audit the accuracy of its claims processing functions.</p>

Any other Plan uses, and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the privacy regulations.

## 1.8. How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **1.8.1. Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **1.8.2. Do research**

We can use or share your information for health research.

### **1.8.3. Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **1.8.4. Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **1.8.5. Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **1.8.6. Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **1.9. The Plan's Duties**

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The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with Notice of its legal duties and privacy practices. The Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and the terms of this Notice and to apply the changes to any PHI maintained by the Plan.

### **1.9.1. Notice Distribution**

The Notice will be provided to each person when he or she initially enrolls for benefits in the AlaskaCare Health Plan (the Notice is provided in the Plan's New Enrollment materials). The Notice is also available on the State of Alaska website. The Notice will also be provided upon request. Once every three years the Plan will notify the individuals then covered by the Plan where to obtain a copy of the Notice. This Plan will satisfy the requirements of the HIPAA regulation by providing the Notice to the named insured (covered employee) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

### **1.9.2. Notice Revisions**

If a privacy practice of this Plan is changed affecting this Notice, a revised version of this Notice will be provided to you and all participants covered by the Plan at the time of the change. Any revised version of the Notice will be distributed within 60 days of the effective date of a material change to the uses and disclosures of PHI, your individual rights, the duties of the Plan or other privacy practices stated in this Notice.

Because our health plan posts its Notice on its website, we will prominently post the revised Notice on that website by the effective date of the material change to the Notice. We will also provide the revised notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals covered by the Plan.

### **1.9.3. Breach Notification**

If a breach of your unsecured Protected Health Information occurs, the Plan will notify you.